

# Neurosurgery/ Neurology

A comprehensive illustrated guide to coding  
and reimbursement

**2021**

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# Getting Started with Coding Companion

*Coding Companion for Neurology/Neurosurgery* is designed to be a guide to the specialty procedures classified in the CPT® book. It is structured to help coders understand procedures and translate physician narrative into correct CPT codes by combining many clinical resources into one, easy-to-use source book.

The book also allows coders to validate the intended code selection by providing an easy-to-understand explanation of the procedure and associated conditions or indications for performing the various procedures. As a result, data quality and reimbursement will be improved by providing code-specific clinical information and helpful tips regarding the coding of procedures.

## CPT Codes

For ease of use, evaluation and management codes related to Neurology/Neurosurgery are listed first in the *Coding Companion*. All other CPT codes in *Coding Companion* are listed in ascending numeric order. Included in the code set are all surgery, radiology, laboratory, and medicine codes pertinent to the specialty. Each CPT code is followed by its official CPT code description.

## Resequencing of CPT Codes

The American Medical Association (AMA) employs a resequenced numbering methodology. According to the AMA, there are instances where a new code is needed within an existing grouping of codes, but an unused code number is not available to keep the range sequential. In the instance where the existing codes were not changed or had only minimal changes, the AMA assigned a code out of numeric sequence with the other related codes being grouped together. The resequenced codes and their descriptions have been placed with their related codes, out of numeric sequence.

CPT codes within the Optum360 *Coding Companion* series display in their resequenced order. Resequenced codes are enclosed in brackets for easy identification.

## ICD-10-CM

Overall, the 10th revision goes into greater clinical detail than did ICD-9-CM and addresses information about previously classified diseases, as well as those diseases discovered since the last revision. Conditions are grouped with general epidemiological purposes and the evaluation of health care in mind. New features have been added, and conditions have been reorganized, although the format and conventions of the classification remain unchanged for the most part.

## Detailed Code Information

One or more columns are dedicated to each procedure or service or to a series of similar procedures/services. Following the specific CPT code and its narrative, is a combination of features. A sample is shown on page ii. The black boxes with numbers in them correspond to the information on the page following the sample.

## Appendix Codes and Descriptions

Some CPT codes are presented in a less comprehensive format in the appendix. The CPT codes appropriate to the specialty are included in the appendix with the official CPT code description. The codes are presented in numeric order, and each code is followed by an easy-to-understand lay description of the procedure.

The codes in the appendix are presented in the following order:

- HCPCS
- Pathology and Laboratory
- Surgery
- Medicine Services
- Radiology
- Category III

Category II codes are not published in this book. Refer to the CPT book for code descriptions.

## CCI Edit Updates

The *Coding Companion* series includes the list of codes from the official Centers for Medicare and Medicaid Services' National Correct Coding Policy Manual for Part B Medicare Contractors that are considered to be an integral part of the comprehensive code or mutually exclusive of it and should not be reported separately. The codes in the Correct Coding Initiative (CCI) section are from the most current version available at press time. The CCI edits are located in a section at the back of the book. Optum360 maintains a website to accompany the Coding Companions series and posts updated CCI edits on this website so that current information is available before the next edition. The website address is <http://www.optum360coding.com/ProductUpdates/>. The 2021 edition password is: XXXXXX. Log in each quarter to ensure you receive the most current updates. An email reminder will also be sent to you to let you know when the updates are available.

## Index

A comprehensive index is provided for easy access to the codes. The index entries have several axes. A code can be looked up by its procedural name or by the diagnoses commonly associated with it. Codes are also indexed anatomically. For example:

69501 Transmastoid antrotomy (simple mastoidectomy)  
could be found in the index under the following main terms:

### Antrotomy

Transmastoid, 69501

### Excision

Mastoid  
Simple, 69501

## General Guidelines

### Providers

The AMA advises coders that while a particular service or procedure may be assigned to a specific section, it is not limited to use only by that specialty group (see paragraphs two and three under "Instructions for Use of the CPT Codebook" on page xiii of the CPT Book). Additionally, the procedures and services listed throughout the book are for use by any qualified physician or other qualified health care professional or entity (e.g., hospitals, laboratories, or home health agencies). Keep in mind that there may be other policies or guidance that can affect who may report a specific service.

### Supplies

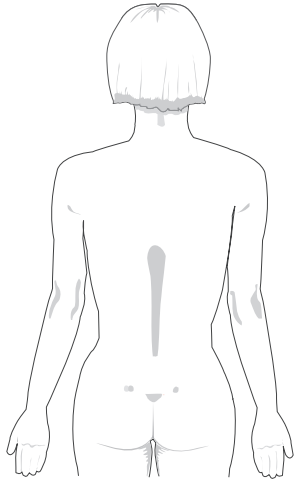
Some payers may allow physicians to separately report drugs and other supplies when reporting the place of service as office or other nonfacility setting. Drugs and supplies are to be reported by the facility only when performed in a facility setting.

### Professional and Technical Component

Radiology and some pathology codes often have a technical and a professional component. When physicians do not own their own equipment and send their patients to outside testing facilities, they should append modifier 26 to the procedural code to indicate they performed only the professional component.

# 21930-21933

- 21930** Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm
- 21931** 3 cm or greater
- 21932** Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm
- 21933** 5 cm or greater



A tumor of the soft tissue of the back or flank is excised

## Explanation

The physician removes a tumor from the soft tissue of the back or flank that is located in the subcutaneous tissue in 21930-21931 and in the deep soft tissue, below the fascial plane or within the muscle, in 21932-21933. The patient is positioned lying on the side or prone. With the proper anesthesia administered, the physician makes an incision in the skin overlying the mass and dissects down to the tumor. The extent of the tumor is identified and a dissection is undertaken all the way around the tumor. A portion of neighboring soft tissue may also be removed to ensure adequate removal of all tumor tissue. A drain may be inserted and the incision is repaired with layers of sutures, staples, or Steri-strips. Report 21930 for excision of subcutaneous tumors whose resected area is less than 3 cm and 21931 for excision of subcutaneous tumors 3 cm or greater. Report 21932 for excision of subfascial or intramuscular tumors whose resected area is less than 5 cm and 21933 for excision of subfascial or intramuscular tumors 5 cm or greater.

## Coding Tips

When any of these procedures is performed with another separately identifiable procedure, the highest dollar value code is listed as the primary procedure and subsequent procedures are appended with modifier 51. If significant additional time and effort is documented, append modifier 22 and submit a cover letter and operative report. An excisional biopsy is not reported separately when a therapeutic excision is performed during the same surgical session. Report any free grafts or flaps separately. For a radical resection of a tumor of the soft tissue of the back or flank, see 21935–21936.

## ICD-10-CM Diagnostic Codes

- C43.59 Malignant melanoma of other part of trunk
- C4A.59 Merkel cell carcinoma of other part of trunk
- C76.8 Malignant neoplasm of other specified ill-defined sites
- D03.59 Melanoma in situ of other part of trunk
- D04.5 Carcinoma in situ of skin of trunk

- D17.1 Benign lipomatous neoplasm of skin and subcutaneous tissue of trunk
- D49.2 Neoplasm of unspecified behavior of bone, soft tissue, and skin
- D49.89 Neoplasm of unspecified behavior of other specified sites
- R22.2 Localized swelling, mass and lump, trunk

**AMA:** 21930 2018,Sep,7; 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11 **21931** 2018,Sep,7 **21932** 2018,Sep,7 **21933** 2018,Sep,7

## Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
<b>21930</b>	4.94	8.16	1.01	14.11
<b>21931</b>	6.88	5.17	1.57	13.62
<b>21932</b>	9.82	7.19	2.17	19.18
<b>21933</b>	11.13	7.76	2.49	21.38
Facility RVU	Work	PE	MP	Total
<b>21930</b>	4.94	4.53	1.01	10.48
<b>21931</b>	6.88	5.17	1.57	13.62
<b>21932</b>	9.82	7.19	2.17	19.18
<b>21933</b>	11.13	7.76	2.49	21.38

	FUD	Status	MUE	Modifiers			IOM Reference	
<b>21930</b>	90	A	5(3)	51	N/A	N/A	N/A	None
<b>21931</b>	90	A	3(3)	51	N/A	N/A	80	
<b>21932</b>	90	A	2(3)	51	N/A	N/A	80	
<b>21933</b>	90	A	2(3)	51	N/A	N/A	80	

\* with documentation

## Terms To Know

**deep fascia.** Sheet of dense, fibrous tissue holding muscle groups together below the hypodermis layer or subcutaneous fat layer that lines the extremities and trunk.

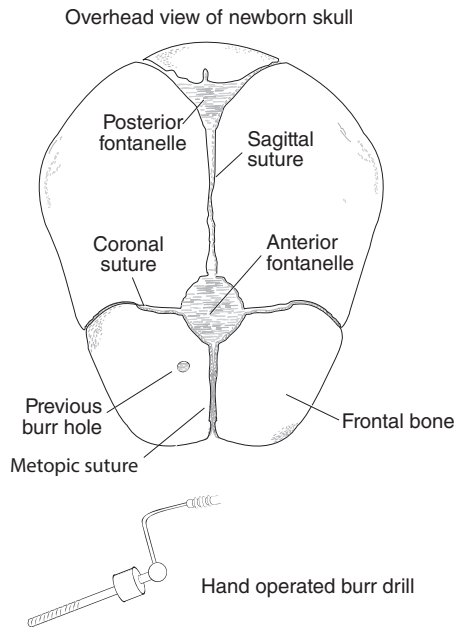
**intramuscular.** Within a muscle.

**subcutaneous.** Below the skin.

**subfascial.** Beneath the band of fibrous tissue that lies deep to the skin, encloses muscles, and separates their layers.

# 61020-61026

- 61020** Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection
- 61026** with injection of medication or other substance for diagnosis or treatment



## Explanation

The physician withdraws cerebral spinal fluid for study, or injects it with a therapeutic or diagnostic substance. In 61020, The physician places a ventricular catheter through a previously formed burr hole or fontanel suture and withdraws fluid for study. In 61026, the catheter is used to inject a medication or other substance for diagnosis or treatment.

## Coding Tips

Code 61026 includes injection of drug or other substance and is one of several codes used to report ventriculography. Supply of the drug or other substance may be reported separately with 99070 or the specific HCPCS Level II code. For creation of the initial burr hole, including ventriculography, see 61120; with insertion of subcutaneous reservoir, pump or infusion system, see 61210.

## ICD-10-CM Diagnostic Codes

- G06.0 Intracranial abscess and granuloma
- G91.0 Communicating hydrocephalus
- G91.1 Obstructive hydrocephalus
- G91.2 (Idiopathic) normal pressure hydrocephalus
- G91.8 Other hydrocephalus
- G93.6 Cerebral edema
- P52.1 Intraventricular (nontraumatic) hemorrhage, grade 2, of newborn
- P52.21 Intraventricular (nontraumatic) hemorrhage, grade 3, of newborn
- S06.1X0A Traumatic cerebral edema without loss of consciousness, initial encounter
- S06.1X1A Traumatic cerebral edema with loss of consciousness of 30 minutes or less, initial encounter
- S06.1X2A Traumatic cerebral edema with loss of consciousness of 31 minutes to 59 minutes, initial encounter

- S06.1X3A Traumatic cerebral edema with loss of consciousness of 1 hour to 5 hours 59 minutes, initial encounter
- S06.1X4A Traumatic cerebral edema with loss of consciousness of 6 hours to 24 hours, initial encounter
- S06.1X5A Traumatic cerebral edema with loss of consciousness greater than 24 hours with return to pre-existing conscious level, initial encounter
- S06.1X6A Traumatic cerebral edema with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
- S06.1X7A Traumatic cerebral edema with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, initial encounter
- S06.1X8A Traumatic cerebral edema with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, initial encounter
- S06.890A Other specified intracranial injury without loss of consciousness, initial encounter

AMA: 61020 2014,Jan,11 61026 2014,Jan,11

## Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
61020	1.51	1.03	0.49	3.03
61026	1.69	1.04	0.35	3.08
Facility RVU	Work	PE	MP	Total
61020	1.51	1.03	0.49	3.03
61026	1.69	1.04	0.35	3.08

	FUD	Status	MUE	Modifiers			IOM Reference	
61020	0	A	2(3)	51	N/A	N/A	N/A	None
61026	0	A	2(3)	51	N/A	N/A	N/A	

\* with documentation

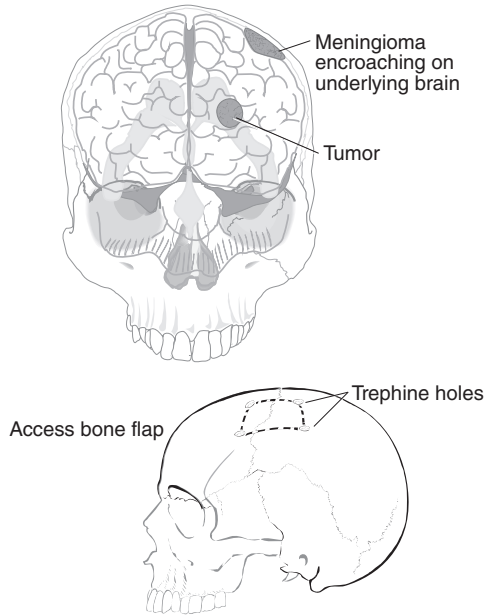
## Terms To Know

- brain ventricles.** Normally occurring communicating brain cavities: two lateral ventricles, third ventricle, and fourth ventricle.
- burr.** Specialized surgical drill used to shape or make holes in bones or gain access into the cranium.
- cerebrospinal fluid.** Thin, clear fluid circulating in the cranial cavity and spinal column that bathes the brain and spinal cord.
- communicating hydrocephalus.** Excess cerebrospinal fluid in dilated brain cavities, caused by acquired, abnormal nonabsorption of fluid back into fluid pathways.
- fontanelle.** Membranous covering over cranial spaces in an infant skull that hasn't completely ossified and fused.
- obstructive hydrocephalus.** Excess cerebrospinal fluid filling dilated cavities of the brain, caused by an acquired obstruction of the cerebrospinal fluid pathways.

# 61510-61512

**61510** Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma

**61512** for excision of meningioma, supratentorial



A craniectomy, trephination, or bone flap craniotomy is performed to excise a supratentorial brain tumor

## Explanation

The physician removes a supratentorial abscess or cyst. Supratentorial structures are those located above the tentorium cerebelli, the membrane that separates the cerebellum from the basal surface of the occipital and temporal lobes of the cerebrum. The physician incises and retracts the scalp and removes bone over the area of the tumor, meningioma, abscess, or cyst. The tumor, meningioma, abscess or cyst is identified and excised. The bone is replaced and stabilized. The scalp is anastomosed and sutured in layers. In 61510, the physician removes a brain tumor. In 61512, a meningioma is removed. A meningioma is a tumor of the lining of the brain.

## Coding Tips

Report 61517 in addition to 61510 if a chemotherapeutic agent is injected into a brain cavity. For excision of a brain tumor below the tentorium of the cerebellum (infratentorial), see 61518–61521. For excision of a pituitary tumor or craniopharyngioma, see 61545, 61546, and 61548.

## ICD-10-CM Diagnostic Codes

- C71.0 Malignant neoplasm of cerebrum, except lobes and ventricles
- C71.1 Malignant neoplasm of frontal lobe
- C71.2 Malignant neoplasm of temporal lobe
- C71.3 Malignant neoplasm of parietal lobe
- C71.4 Malignant neoplasm of occipital lobe
- C71.5 Malignant neoplasm of cerebral ventricle
- C71.8 Malignant neoplasm of overlapping sites of brain
- C79.31 Secondary malignant neoplasm of brain
- C79.32 Secondary malignant neoplasm of cerebral meninges
- C79.49 Secondary malignant neoplasm of other parts of nervous system
- D18.02 Hemangioma of intracranial structures

- D32.0 Benign neoplasm of cerebral meninges
- D33.0 Benign neoplasm of brain, supratentorial
- D33.3 Benign neoplasm of cranial nerves
- D43.0 Neoplasm of uncertain behavior of brain, supratentorial
- D43.4 Neoplasm of uncertain behavior of spinal cord
- D48.1 Neoplasm of uncertain behavior of connective and other soft tissue
- D48.2 Neoplasm of uncertain behavior of peripheral nerves and autonomic nervous system
- D49.6 Neoplasm of unspecified behavior of brain

AMA: 61510 2014,Jan,11 61512 2014,Jan,11

## Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
<b>61510</b>	30.83	21.15	11.38	63.36
<b>61512</b>	37.14	22.95	13.73	73.82
Facility RVU	Work	PE	MP	Total
<b>61510</b>	30.83	21.15	11.38	63.36
<b>61512</b>	37.14	22.95	13.73	73.82

	FUD	Status	MUE	Modifiers				IOM Reference
<b>61510</b>	90	A	1(3)	51	N/A	62*	80	None
<b>61512</b>	90	A	1(3)	51	N/A	62*	80	

\* with documentation

## Terms To Know

**craniotomy.** Surgical incision made into the cranium or skull for a number of surgical reasons (e.g., decompression, implantation of electrode array, excision, etc.).

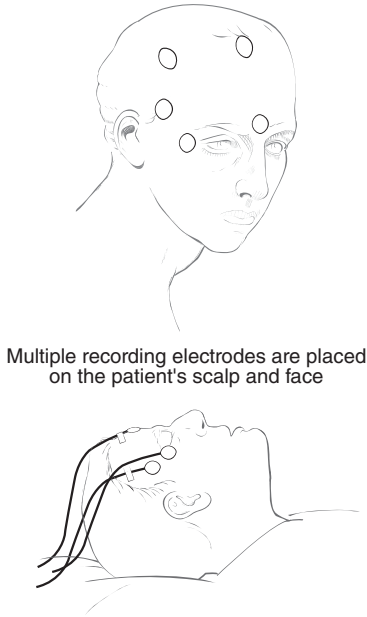
**meningioma.** Slow growing benign vascular tumor originating in the meninges of the brain or spinal cord. They comprise 20 percent of all brain tumors and are found most frequently in middle-aged or elderly adults, mostly in women.

**tentorium cerebelli.** Dual divider of dura mater that supports the occipital lobes, separating them from the underlying cerebellum.



# 95805

**95805** Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness



Multiple recording electrodes are placed on the patient's scalp and face

## Explanation

Physiological parameters of a patient asleep in a lab setting are monitored for at least six hours. A physician interprets the results. This code applies to multiple sleep latency testing during periods of napping to assess sleepiness.

## Coding Tips

If less than four nap opportunities are recorded or if there are other reduced services, append modifier 52. Procedure 95805 has both a technical and professional component. To claim only the professional component, append modifier 26. To claim only the technical component, append modifier TC. To claim the complete procedure (i.e., both the professional and technical components), submit without a modifier. For sleep studies, see 95806–95807. For polysomnography, see 95808–95811.

## ICD-10-CM Diagnostic Codes

- F51.01 Primary insomnia
- F51.02 Adjustment insomnia
- F51.03 Paradoxical insomnia
- F51.09 Other insomnia not due to a substance or known physiological condition
- F51.11 Primary hypersomnia
- F51.12 Insufficient sleep syndrome
- F51.19 Other hypersomnia not due to a substance or known physiological condition
- F51.3 Sleepwalking [somnambulism]
- F51.4 Sleep terrors [night terrors]
- F51.5 Nightmare disorder
- F51.8 Other sleep disorders not due to a substance or known physiological condition
- F52.8 Other sexual dysfunction not due to a substance or known physiological condition

- G47.11 Idiopathic hypersomnia with long sleep time
- G47.12 Idiopathic hypersomnia without long sleep time
- G47.14 Hypersomnia due to medical condition
- G47.19 Other hypersomnia
- G47.21 Circadian rhythm sleep disorder, delayed sleep phase type
- G47.22 Circadian rhythm sleep disorder, advanced sleep phase type
- G47.23 Circadian rhythm sleep disorder, irregular sleep wake type
- G47.24 Circadian rhythm sleep disorder, free running type
- G47.25 Circadian rhythm sleep disorder, jet lag type
- G47.26 Circadian rhythm sleep disorder, shift work type
- G47.29 Other circadian rhythm sleep disorder
- G47.31 Primary central sleep apnea
- G47.34 Idiopathic sleep related nonobstructive alveolar hypoventilation
- G47.35 Congenital central alveolar hypoventilation syndrome
- G47.36 Sleep related hypoventilation in conditions classified elsewhere
- G47.37 Central sleep apnea in conditions classified elsewhere
- G47.39 Other sleep apnea
- G47.411 Narcolepsy with cataplexy
- G47.419 Narcolepsy without cataplexy
- G47.421 Narcolepsy in conditions classified elsewhere with cataplexy
- G47.429 Narcolepsy in conditions classified elsewhere without cataplexy
- G47.59 Other parasomnia
- G47.8 Other sleep disorders

**AMA: 95805** 2018,Jan,8; 2018,Feb,11; 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11; 2013,Feb,14-15

## Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
<b>95805</b>	1.2	10.37	0.14	11.71
Facility RVU	Work	PE	MP	Total
<b>95805</b>	1.2	10.37	0.14	11.71

	FUD	Status	MUE	Modifiers				IOM Reference
<b>95805</b>	N/A	A	1(2)	N/A	N/A	N/A	80*	None

\* with documentation

## Terms To Know

**hypersomnia.** Disorder identified by the need for excessive sleep.

**persistent insomnia.** Chronic state of sleeplessness associated with chronic anxiety, major or minor depressive disorders, or psychoses.

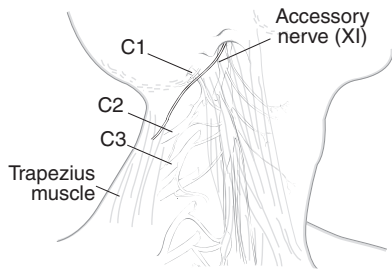
**sleep apnea.** Intermittent cessation of breathing during sleep that may cause hypoxemia and pulmonary arterial hypertension.

**sleep latency.** Time period between lying down in bed and the onset of sleep.

**transient insomnia.** Episodes of sleeplessness associated with acute or intermittent emotional reactions or conflicts.

# 95867-95868

**95867** Needle electromyography; cranial nerve supplied muscle(s), unilateral  
**95868** cranial nerve supplied muscles, bilateral



Examples of cranial nerve supplied muscles that may be examined by needle EMG

## Explanation

Needle electromyography (EMG) records the electrical properties of muscle using an oscilloscope. Recordings, which may be amplified and heard through a loudspeaker, are made during needle insertion, with the muscle at rest, and during contraction. These codes are specific to the 12 nerves that emerge from or enter the cranium. These codes are reported when there are no nerve conduction studies performed in conjunction with these procedures during the same day. Report 95867 for unilateral studies and 95868 for bilateral studies.

## Coding Tips

Procedures 95867 and 95868 have both technical and professional components. To claim only the professional component, append modifier 26. To claim only the technical component, append modifier TC. To claim the complete procedure (i.e., both the professional and technical components), submit without a modifier. For EMG of the thoracic paraspinal muscles, see 95869.

## ICD-10-CM Diagnostic Codes

- G12.23 Primary lateral sclerosis
- G12.24 Familial motor neuron disease
- G12.25 Progressive spinal muscle atrophy
- G12.29 Other motor neuron disease
- G37.0 Diffuse sclerosis of central nervous system
- G37.1 Central demyelination of corpus callosum
- G37.2 Central pontine myelinolysis
- G37.3 Acute transverse myelitis in demyelinating disease of central nervous system
- G37.4 Subacute necrotizing myelitis of central nervous system
- G37.5 Concentric sclerosis [Balo] of central nervous system
- G37.8 Other specified demyelinating diseases of central nervous system
- G54.3 Thoracic root disorders, not elsewhere classified
- G60.2 Neuropathy in association with hereditary ataxia
- G60.3 Idiopathic progressive neuropathy
- G60.8 Other hereditary and idiopathic neuropathies
- G70.00 Myasthenia gravis without (acute) exacerbation
- G70.01 Myasthenia gravis with (acute) exacerbation
- G70.1 Toxic myoneural disorders
- G70.2 Congenital and developmental myasthenia
- M47.13 Other spondylosis with myelopathy, cervicothoracic region

- M47.14 Other spondylosis with myelopathy, thoracic region
- M47.15 Other spondylosis with myelopathy, thoracolumbar region
- M47.23 Other spondylosis with radiculopathy, cervicothoracic region
- M47.24 Other spondylosis with radiculopathy, thoracic region
- M47.25 Other spondylosis with radiculopathy, thoracolumbar region
- M48.03 Spinal stenosis, cervicothoracic region

**AMA: 95867** 2018,Jan,8; 2018,Feb,11; 2017,Jan,8; 2016,Jan,13; 2015,Mar,6; 2015,Jan,16; 2014,Jan,11; 2013,May,8-10; 2013,Mar,3-5 **95868** 2018,Jan,8; 2018,Feb,11; 2017,Jan,8; 2016,Jan,13; 2015,Mar,6; 2015,Jan,16; 2014,Jan,11; 2013,May,8-10; 2013,Mar,3-5

## Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
<b>95867</b>	0.79	2.2	0.06	3.05
<b>95868</b>	1.18	2.76	0.06	4.0
Facility RVU	Work	PE	MP	Total
<b>95867</b>	0.79	2.2	0.06	3.05
<b>95868</b>	1.18	2.76	0.06	4.0

	FUD	Status	MUE	Modifiers			IOM Reference	
<b>95867</b>	N/A	A	1(3)	N/A	N/A	N/A	80*	100-04,5,10.2
<b>95868</b>	N/A	A	1(3)	N/A	N/A	N/A	80*	

\* with documentation

## Terms To Know

**cerebral palsy.** Brain damage occurring before, during, or shortly after birth that impedes muscle control and tone.

**electromyography.** Test that measures muscle response to nerve stimulation determining if muscle weakness is present and if it is related to the muscles themselves or a problem with the nerves that supply the muscles.

**hemiplegia.** Paralysis of one side of the body.

**idiopathic.** Having no known cause.

**monoplegia.** Loss or impairment of motor function in one arm or one leg.

**myelopathy.** Pathological or functional changes in the spinal cord, often resulting from nonspecific and noninflammatory lesions.

**neuropathy.** Abnormality, disease, or malfunction of the nerves.

**quadriplegia.** Loss or impairment of the nerves and muscles of the arms and legs that impedes normal activity or movement or results in paralysis.

**syringomyelia.** Progressive condition that may be either from developmental origin or caused by trauma, tumor, hemorrhage, or infarction. An abnormal cavity (syrinx) forms in the spinal cord and enlarges over time, resulting in symptoms of muscle, weakness and stiffness in the back, shoulders, arms, or legs, atrophy, headaches, dissociated memory loss and a loss of sensory ability to feel pain and extremes of hot or cold temperatures.



**95955**

**95955** Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery)

**Explanation**

The physician places sensors on a patient's head in an electroencephalogram (EEG) to measure and record the brain's electrical activity. This code applies to an EEG during surgery exclusive of surgery to the brain.

**Relative Value Units/Medicare Edits**

Non-Facility RVU	Work	PE	MP	Total
<b>95955</b>	1.01	4.87	0.06	5.94
Facility RVU	Work	PE	MP	Total
<b>95955</b>	1.01	4.87	0.06	5.94

**95992**

**95992** Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day

**Explanation**

Benign positional vertigo is an inner ear problem caused by crystals (canalith) floating in the fluid of the inner ear. With a change in position, these crystals may stimulate a portion of the inner ear, resulting in short periods of dizziness. The physician treats benign positional vertigo with a series of repositioning movements known as Epley or Semont maneuvers. The patient is placed in various positions during the maneuver, which may cause temporary dizziness. A neck collar may be worn overnight to assist in keeping the head and neck in the correct position. Report 95992 once for each day of treatment.

**Relative Value Units/Medicare Edits**

Non-Facility RVU	Work	PE	MP	Total
<b>95992</b>	0.75	0.47	0.05	1.27
Facility RVU	Work	PE	MP	Total
<b>95992</b>	0.75	0.28	0.05	1.08

**96020**

**96020** Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report

**Explanation**

During a separately reported functional MRI (fMRI), the physician or psychologist administers a series of tests involving language, memory, cognition, movement, and sensation, and reviews the results and reports upon them in a process called functional brain mapping. These reports identify the expected versus observed locations of brain activity documented by the fMRI as the patient performs specific tasks.

**Relative Value Units/Medicare Edits**

Non-Facility RVU	Work	PE	MP	Total
<b>96020</b>	0.0	0.0	0.0	0.0
Facility RVU	Work	PE	MP	Total
<b>96020</b>	0.0	0.0	0.0	0.0

**[97151]**

**97151** Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan

**Explanation**

The physician or other qualified health care professional spends face-to-face time assessing the patient to identify any impaired social skills, communication deficits, destructive behaviors, and any additional functional limitations resulting from noted maladaptive behaviors. This service includes obtaining a detailed history relative to the patient's behavior, observation of behaviors, administration of standardized and non-standardized testing, focused interviews with the primary guardian or caregiver, and non-face-to-face time reviewing and analyzing the information, scoring/interpreting test results, and the creating a treatment plan and report. The treatment plan may include recommendations for further observational or exposure behavioral follow-up assessments and discussions, including recommendations, with the primary guardian or caregiver. Report this code for each 15 minutes of face-to-face time provided by the clinician.

**Relative Value Units/Medicare Edits**

Non-Facility RVU	Work	PE	MP	Total
<b>97151</b>	0.0	0.0	0.0	0.0
Facility RVU	Work	PE	MP	Total
<b>97151</b>	0.0	0.0	0.0	0.0

**[97152]**

**97152** Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes

**Explanation**

A single technician administers a behavior identification supporting assessment of a patient with deficient adaptive and maladaptive behaviors or recurring actions or issues related to these behaviors such as communication or social interactions. The technician spends face-to-face time with the patient conducting the assessment, which includes exposure of the patient to a number of social and environmental elements associated with the maladaptive behaviors. Evaluation targeting certain adaptive and maladaptive behaviors includes assessing triggers, events, cues, responses, and consequences associated with the deficient behavior. This code describes assessing and analyzing functional behavior and includes other structured observations, the use of standardized and non-standardized instruments, and procedures that will assist the clinician in establishing the degree of adaptive and maladaptive behaviors or impairments of the patient. This service is performed under the direction of a physician or other qualified health care professional but who is not required to be physically onsite. Report this code for each 15 minutes of face-to-face time provided by the technician.

**Relative Value Units/Medicare Edits**

Non-Facility RVU	Work	PE	MP	Total
<b>97152</b>	0.0	0.0	0.0	0.0
Facility RVU	Work	PE	MP	Total
<b>97152</b>	0.0	0.0	0.0	0.0

- 22845** 0228T, 0230T, 0333T, 0464T, 20650, 22505, 22850, 22852, 32100, 36591-36592, 38220, 38222-38230, 38232, 49000-49002, 51701-51703, 62320-62327, 64479, 64483, 92585, 95822, 95860-95870, 95907-95913, 95925-95933, 95937-95940, 96523, G0453-G0471
- 22846** 0228T, 0230T, 0333T, 0464T, 20650, 22505, 22845\*, 22850, 22852, 32100, 36591-36592, 38220, 38222-38230, 38232, 49000-49002, 51701-51703, 62320-62327, 64479, 64483, 92585, 95822, 95860-95870, 95907-95913, 95925-95933, 95937-95940, 96523, G0453-G0471
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- 22848** 0230T, 0333T, 0464T, 11012\*, 20650, 22505, 36591-36592, 38220, 38222-38230, 38232, 51701-51703, 62322-62323, 62326-62327, 64483, 92585, 95822, 95860-95870, 95907-95913, 95925-95933, 95937-95940, 96523, G0453-G0471
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